

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

FEB 29 1937

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township

Primary Registration District No. 3034

City Moberly

(No. Rothwell Park Lake)

File No.

2702

Registered No.

229

St.

Ward)

2. FULL NAME Delbert H Slusing

(a) Residence, No.

734 Sampson

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 15th 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

49

6

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

WPA

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

January 4th 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

FATHER

13. NAME William Slusing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

MOTHER

15. MAIDEN NAME Dollie Farmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT William Slusing (ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moberly, Mo DATE 1-7th 1937

19. UNDERTAKER Moham and Son (ADDRESS) Moberly, Mo

20. FILED 1/7 1937 Virginia Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19... I last saw deceased on Coroner's Case, 19... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Probably Suicide,
Drowning.

Other contributory causes of importance:

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 1/4/ 1937

Where did injury occur? Moberly, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place Rothwell Park Lake

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. H. Shrader, Coroner, M. D.

(Address) Moberly, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

